

Francis P. Xavier

Name

V.K.C.C., Pouch 400

Bethel AK 99559

Mailing address

Telephone

RECEIVED

FEB 26 2008

CLERK, U.S. DISTRICT COURT
ANCHORAGE, ALASKA

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ALASKA

Francis P. Xavier for
my sons P. & A. Xavier

(Full name of plaintiff in this action)

Plaintiff,

vs.

~~Charter North Star Hospital~~
~~Dr. Heidi Lopez-Carajohn~~
North Star Behavioral Health System
Office of Children Services

(Full names of ALL defendant(s) in this action.

Do NOT use *et al.*)

Defendant(s).

Case No. 3:08-CV-00027 TMB

(To be supplied by Court)

COMPLAINT UNDER
THE CIVIL RIGHTS ACT
42 U.S.C. § 1983

(NON-PRISONERS)

A. Jurisdiction

Jurisdiction is invoked under 28 U.S.C. § 1343(a)(3) and 42 U.S.C. § 1983. If you assert jurisdiction under any different or additional authorities, list them below.

B. Parties

1. **Plaintiff:** This complaint alleges that the civil rights of Francis P. Xavier,
(print your name)
who presently resides at Y.K.C.C. Box 400 Bethel AK 99559, were
(mailing address)
violated by the actions of the below named individual(s). The actions were directed against Plaintiff
North Star Behavioral Health System
at _____ on the following dates: Feb 2007,
(place where violation occurred) (Claim 1)
June 2007 and _____.
(Claim 2) (Claim 3)

2. **Defendants** (Make a copy of this page and provide same information if you are naming more than 3 defendants):

Defendant No. 1, Dr. Heidi Lopez-Corbin John, is a citizen of
(name)
Juneau, AK, and is employed as a Doctor.
(state) (defendant's government position/title)

____ This defendant personally participated in causing my injury, and I want money damages.

☒ The policy or custom of this official's government agency violates my rights, and I seek
injunctive relief (to stop or require someone do something).

Defendant No. 2, North Star Behavioral Health System, is a citizen of
(name)
Anchorage, and is employed as Dr. Heidi Lopez-Corbin John.
(state) (defendant's government position/title)

____ This defendant personally participated in causing my injury, and I want money damages.

☒ The policy or custom of this official's government agency violates my rights, and I seek
injunctive relief (to stop or require someone do something).

Defendant No. 3, Lauri Owen Office of Children Services, is a citizen of
(name)
Bethel, and is employed as a assistance attorney Renead.
(state) (defendant's government position/title)

____ This defendant personally participated in causing my injury, and I want money damages.

____ The policy or custom of this official's government agency violates my rights, and I seek
injunctive relief (to stop or require someone do something).

C. Causes of Action (You may attach additional pages alleging other causes of action and facts supporting them if necessary. Make copies of page 5 and rename them pages 5A, 5B, etc. and rename the claims, "Claim 4," "Claim 5, etc.").

Claim 1: The following civil right has been violated: Malpractice - medications
without parents consent. (e.g., due process, freedom of religion, free speech, freedom of association and/or assembly, freedom from cruel and unusual punishment, etc. List only one civil right violation.)

Supporting Facts: (Briefly describe facts you consider important to Claim 1. State what happened clearly, in your own words. DO NOT cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Claim 1. Include dates.)

P. is my son who is 12 years old, and has
been forced medications without my consent.

Dr. Heidi Lopez-Corjohn, prescribed Abilify
with my consent, except, I did not consent
to clonidine, and Dr. Lopez, did not call
me in regards to the side effects of the
clonidine that was prescribed to P.

My son has been complaining about having headaches
after having these medications.

Dr. Heidi Lopez-Corjohn, did not inform about
what the causes were on these medications
and I don't think its right to prescribe
any medications to a child, that I don't know
what these medications are used for.

Claim 2: The following civil right has been violated: Malpractice - medications
without parents consent. (e.g., due process, freedom of religion, free speech, freedom
of association and/or assembly, freedom from cruel and unusual punishment, etc. List only one civil right violation.)

Supporting Facts: (Briefly describe facts you consider important to Claim 2. State what happened clearly, in your own words. DO NOT cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Claim 2. Include dates.)

A. Xavier, was placed at Charter North Star Hospital, on June of 2007. I have informed Shirely Kenrick, who works for Office of children Services, not to prescribe any medications to A. Xavier. Shirely, or Dr. Heidi Lopez-Corjahn, did not inform me about A. Xavier, being prescribed Risperdal and Concerta. I did not consent to these medications to be prescribed to A. Xavier. I was not informed what Risperdal and Concerta, were or are used for.

of association and/or assembly, freedom from cruel and unusual punishment, etc. List only one civil right violation.)

Supporting Facts: (Briefly describe facts you consider important to Claim 3. State what happened clearly, in your own words. DO NOT cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Claim 3. Include dates.)

[illegible]

D. Previous Lawsuits

1. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action? X Yes ___ No

2. If your answer is "Yes," describe each lawsuit. (If there is more than one lawsuit, describe the additional lawsuits by copying this blank page and labeling it page "6A.")

a. Parties to previous lawsuit:

Plaintiff(s): Francis Xavier

Defendant(s): Yukon-Kuskokwim Correctional Center

b. Name and location of court: Bethel Court

Bethel, Alaska 99559

c. Docket number: 4 BE-05-416 CI

d. Name of judge to whom case was assigned: Marvin Hamilton III

e. Disposition: still pending

(For example, was the case dismissed, appealed or still pending?)

f. Issues Raised: NO

g. Approximate date case was filed: 2003

h. Approximate date of final decision: none

E. Request for Relief

Plaintiff requests that this Court grant the following relief:

1. An injunction ordering defendant(s) to pay for medical malpractice for P. & A. Xavier, who were prescribed medications, without my consent.
2. Damages in the amount of \$ 2.1 million
3. Punitive damages in the amount of \$ 1.0 million
4. Declaratory judgment: medical malpractice
5. Attorney's fees, in the event plaintiff is or will be represented by counsel, of \$ _____
5. Other: I would please like to file for Forma Pauperis by 28 U.S.C. § 1915(a) under 28 U.S.C. § 1915(e)

Plaintiff demands a trial by X Jury _____ Court. (Choose one.)

DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that s/he is the plaintiff in the above action, that s/he has read the above civil rights complaint and that the information contained in the complaint is true and correct.

Francis P. Xavier
Plaintiff's Original Signature

Francis P. Xavier
Plaintiff's Full Name

Executed at Bethel, AK 99559 on 2/20/08
(Location) (Date)

Original Signature of Attorney (if any)

(Date)

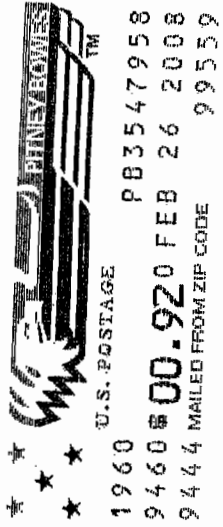
Attorney's Address and Telephone Number

I would please request under *Forma pauperis* § 1915 (a)
28 U.S.C., to have Stuart A Schlesinger, to represent me,
Julien & Schelsinger P.C.
One Whitehall Street, 17th floor
New York, NY 10004
212-962-8020

due to their knowledge on medical malpractice issues.
Thank You.

Francis Xavier
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Francis Xavier
Nikolaus Kasperian Correctional Center
Pouch 400
Bethel, AK 99559



United States District Court
222 West 7th Ave #4
Anchorage, AK 99513